U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR QRGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13396	2. Fiscal Year Covered From:			
13076	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ARNOLD VIGIL	Name LABORERS INTERNATIONAL UNION OF N A LOCAL 720			
	Labor Organization File Number 020 - 306			
P.O. Box, Bidg., Room No., if any NOT APPLICABLE	P.O. Box, Building and Room Number, if any NOT APPLICABLE			
Street 875 ELATI STREET	Street 875 ELATI STREET			
City DENVER	City DENVER			
State Colorado ZIP Code + 4 80204	State Colorado ZIP Code + 4 80204			
5. Position in labor organization. Organizer				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name NOT APPLICABLE	NOT APPLICABLE			
Trade Name, if any: NOT APPLICABLE				
P.O. Box, Bldg., Room No., if any NOT APPLICABLE				
	7.b. Amount.			
Street NOT APPLICABLE				
City NOT APPLICABLE	\$0			
State ZIP Code + 4 00000				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Add High	On 8/10/2005 303-825-8101			
- Comment of the comm	Date Telephone Number			

Name of Person Filling ARNOLD VIGIL	The Mulliper O-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name NOT APPLICABLE				
Trade Name, if any: NOT APPLICABLE	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any NOT APPLICABLE	c. Employer			
Street NOT APPLICABLE				
City NOT APPLICABLE				
State ZIP Code + 4 00000				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NOT APPLICABLE	11.a. Nature of such dealing.  NOT APPLICABLE			
Trade Name, if any: NOT APPLICABLE				
P.O. Box, Bldg., Room No., if any NOT APPLICABLE				
Street NOT APPLICABLE	11.b. Approximate dollar value of such dealing. \$0			
City NOT APPLICABLE	Approximate dollar value of such dealing.      So  12.a. Nature of interest held or income received.			
State ZIP Code + 4 00000	NOT APPLICABLE			
	12.b. Amount. \$0			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  WORKING LUNCH AT TRUST FUND MEETING - 4-28-2004			
Name WILLIAM GREENWOOD				
Trade Name, if any: COMPUSYS OF COLORADO, INC.				
P.O Box, Bldg., Room No., if any NOT APPLICABLE				
Street 2821 SOUTH PARKER ROAD, #1005				
City AURORA				
State Colorado ZIP Code + 4 80014				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$16			

Name of Person Filing ARNOLD	AIGIL	File Number U-

## Part C Continuation Page

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C. Received from any employer (other than an employer covered under parts A and B above) or from any abor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  WORKING LUNCH AT TRUST FUND MEEING - 7-21-2004		
Name WILLIAM GREENWOOD	WORKING BONCH AT TROST FOND PEETING - 7-21-2004		
Trade Name, if any: COMPUSYS OF COLORADO, INC.			
P.O. Box, Bldg., Room No., if any NOT APPLICABLE			
Street 2821 SOUTH PARKER ROAD, #1009			
City AURORA			
State Colorado ZIP Code + 4 80014			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment. \$13		
C. Received from any employer (other than an employer covered under parts A	and B above) or from any labor relations consultant to an employer any		
payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.		
trade name, if any).	WORKING LUNCH TO DISCUSS TRUST FUND ISSUES - 7- 26-2004		
Name WILLIAM GREENWOOD	26-2004		
Trade Name, if any: COMPUSYS OF COLORADO, INC.			
P.O. Box, Bldg., Room No., if any NOT APPLICABLE			
Street 2821 SOUTH PARKER ROAD, #1005			
City AURORA			
State Colorado ZIP Code + 4 80014	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?	\$8		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  WORKING LUNCH AT TRUST FUND MEETING - 10-27-2004		
Name WILLIAM GREENWOOD			
Trade Name, if any: CONMUSYS OF COLORADO, INC.			
P.O. Box, Bidg., Room No., if any NOT APPLICABLE			
Street 2821 SOUTH PARKER ROAD, #1305			
City AURORA			
State Colorado ZIP Code + 4 80014			
13.b. Is the Business an Employer  or Consultant  ?	14.b. Amount of payment. \$13		

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Name of Person Filing ARNOLD	VIGIL	File Number U-	

Part C Continuation Page		
C. Received from any employer (other than an employer covered under parts A and B above) or from any abor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment  DINNER AT CONFERENCE - 1-19-2004	
Name WILLIAM GREENWOOD		
Trade Name, if any: COMPUSYS OF COLORADO, INC.		
P.O. Box, Bldg., Room No., if any NOT APPLICABLE		
Street 2821 SOUTH PARKER ROAD, #1005		
City AURORA		
State Colorado ZIP Code + 4 80014		
13.b Is the Business an Employer or Consultant ?	14.b. Amount of paymen:. \$50	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name NOT APPLICABLE	NOT APPLICABLE	
Trade Name, if any: NOT APPLICABLE		
P.O. Box, Bldg., Room No., if any NOT APPLICABLE		
Street NOT APPLICABLE		
City NOT APPLICABLE		
State ZIP Code + 4 00000		
13.b. Is the Business an Employer or Consultant?	14.b, Amount of payment. \$0	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name NOT APPLICABLE	NOT APPLICABLE	
Trade Name, if any: NOT APPLICABLE		
P.O. Box, Bidg., Room No., if any NOT APPLICABLE		
Street NOT APPLICABLE		
City NOT APPLICABLE		
State ZIP Code + 4 00000		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment \$0	

Form LM-30 (2003)